



City of Cañon City
Security Guard
License Application
\$50.00

Full Legal Name: _____

List any other names you have used: _____

Date of Birth: _____ **Social Security Number** _____

Mailing Address (if different from residence): _____

Home Phone: _____ **Daytime Phone:** _____

Current Driver's License Number and State: _____

Merchant Patrol/Security Guard Service Company
by whom you are to be employed: _____

List all residence addresses below. Include current and previous addresses for the past five years.

Street Number	City, State, Zip	From	To
Current			
Previous			

List all current and former employers or businesses engaged in within the last five years. Attach a separate sheet, if necessary.

Name of Employer	Address (Street, City, State, Zip)	Position Held	From	To

Please answer the following questions. Attach a separate sheet if more space is needed provide complete answers.

1. Have you ever been convicted of any crime or ordinance violation (other than minor traffic violations) during the last 10 years? Yes No

If yes, state date and nature of offense: _____

Place where offense occurred: _____

Date of conviction: _____ Court _____

Penalty Imposed: _____

Date requirements of penalty satisfied: _____

2. Have you ever received mental health counseling, or been voluntarily or involuntarily committed for psychiatric or mental health treatment? Yes No

If yes, when: _____ Where? _____

Why: _____

Name and address of mental health practitioner or facility: _____

3. Have you ever had any chemical use or abuse problems or have you ever voluntarily or involuntarily participated in or were ordered by a court or otherwise committed to a treatment program for substance abuse or addiction? Yes No

If yes, when? _____ Where? _____

Why: _____

Name and address of mental health practitioner or facility: _____

Describe the treatment program: _____

